

Medical Expenditure Panel Survey - Insurance Component

HEALTH INSURANCE COST STUDY
Location Worksheet

Start here

A FEW IMPORTANT INSTRUCTIONS

- In this section, please report for the small sample of locations chosen to represent your company.
- In Column (c), mark "Yes" if the location listed in Column (b) is included in the corporate figures reported on the MEPS-15. Mark "No" if the location is not included in the corporate figures reported on the MEPS-15.
- In Column (d), enter the number of employees at the location listed in Column (b) for a typical pay period in 2016. Estimates are acceptable.
- In Columns (e), (f), and (g), please check the types of hospital and/or physician insurance plans which your company offered at the location specified in Column (b). See the MEPS-20(D), definition sheet, included in this package for detailed explanations of the different types of plans.

CENSUS USE ONLY		Have you answered for this location on the MEPS-15? 524 (c)	Number of employee(s) 200 (d)	Types of provider arrangements offered (Mark (X) all that apply)		
Location Identification Number (a)	Name of location (b)			HMO/EPO 521 (e)	Conventional Indemnity 522 (f)	PPO/POS 523 (g)
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CENSUS USE ONLY		Have you answered for this location on the MEPS-15? 524 (c)	Number of employee(s) 200 (d)	Types of provider arrangements offered (Mark (X) all that apply)		
Location Identification Number (a)	Name of location (b)			HMO/EPO 521 (e)	Conventional Indemnity 522 (f)	PPO/POS 523 (g)
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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